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FORM 1						<u> </u>	FECT	Adly C	ENTE	R
1. NAME OF COMMITTEE (in	(Check if name Example:If typing, type is changed) over the lines.						4 5			
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		CITY				STATE	ZIP CODE			
COMMITTEE'S E-MA	NL ADDRE	SS (Please provide only or	ie e-mail a	ddress)						
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COMMITTEE'S WEB	PAGE AD	DRESS (URL)								
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2. DATE 11	8 ′ 8	° ′ Ž011Ž `								
3. FEC IDENTIFIC	CATION N	UMBER C								
4. IS THIS STATE	MENT 🗵	NEW (N) OR	. [AME	NDED (A)					
I certify that I have	examined ti	his Statement and to the I	best of my	knowledge	and belief it	is true, con	ect and com	plete.		
Type or Print Name	of Treasure	JERRY MC	KEN	DY						
Signature of Treasure	er	Day Mike	0		·	Date 1	1" ′ Ó8	8′2	2012	ž
NOTE: Submission of		eous, or incomplete information of the complete in the complet	-				=	ties of 2 l	J.S.C. §	437g.
Office Use					Information continuous Commission			C FOR		